**District Office:** 

Case Name: Case Number:

## GRHSCMP TENANT AND LANDLORD PROPERTY CERTIFICATION

This form is to certify that the General Relief (GR) Tenant and Landlord agree to the below. This form is not valid unless completed and signed by the Tenant and Landlord. The form should be returned to the participant's housing subsidy case manager within ten calendar days.

| SECTION I   | COMPLETED BY GR PARTICIPANT/TENANT                                       |           |       |                          |          |
|---|--|-----------|-------|--------------------------|----------|
|   |  |           |       |                          |          |
| PROPERTY STREET ADDRESS   |  |           |       |                          |          |
|   |  |           |       |                          |          |
| CITY  |  |           | STATE |                          | ZIP CODE |
| CERTIFICATION   |  |           |       |                          |          |
| OEKTII IOATION  |  |           |       |                          |          |
| I agree that I would like to rent the property listed above. I agree that the property is fit for human living. I understand the County will not check the property. I understand that I should make sure the property is in an acceptable condition.   |  |           |       |                          |          |
|   |  |           |       |                          |          |
| TENANT PRINTED NAME   |  | SIGNATURE | DATE  | CONTACT PHONE NUMBER     |          |
|   |  |           |       | ( )                      |          |
| SECTION II  | COMPLETED BY LANDLORD/LEGAL AUTHORIZED REPRESENTATIVE (PROPERTY MANAGER) |           |       |                          |          |
| CERTIFICATION   |  |           |       |                          |          |
| <u></u>   |  |           |       |                          |          |
| I agree that I am the Landlord or Property Manager of the property listed above. I have checked the property and the property is fit for human living. I understand that the County will not check the property. I understand that it is my duty to make sure the property meets housing rules. I agree to keep the property in an acceptable condition, or I might not be able to continue receiving rent through the housing subsidy program. |  |           |       |                          |          |
| LANDLORD PRINTED I  | NAME   | SIGNATURE | DATE  | CONTACT PHONE NUMBER ( ) |          |

Filing/Retention: Form must be maintained in the GR Housing Subsidy and Case Management Project case folder.